

# Proposed Report on Educational Qualifications of Directors of Public Health Departments

This is a provisional report published at the request of the Committee on Professional Education of the American Public Health Association before transmittal to the Governing Council in order to permit the members and Fellows of the Association to review it and to offer criticism and suggestions. All comments will be carefully weighed by the Committee on Professional Education and accepted changes will be incorporated in the report before presentation to the Governing Council for action. Address comments to: Secretary, Committee on Professional Education, American Public Health Association, 1790 Broadway, New York 19, N. Y.

## I. General Scope of the Field

### A. Specific Contribution to Public Health by Workers in this Field

It has long been established that public health is a primary concern of government. The legal requirement of the appointment of a public official as health officer, health commissioner or, more pertinently, director of the public health department, is generally accepted. The accomplishments of the health director and his associates in the prevention of sickness and in increasing the average life expectancy are a matter of common knowledge. As progress has been made in the health and related sciences, other more complex problems have come into prominence. These include the prevention or amelioration of long-term illnesses and the maintenance of optimum health. Many scientific discoveries of practical application have been made in the past few decades. Concurrently, the demand for health services to prevent and treat disease and disability has increased and undoubtedly will continue to do so. The field of research offers opportunities for greater participation to public health workers, particularly in determining the applica-

tion and evaluation of new methods, equipment and drugs, technics, and procedures.

The health department continues to be a significant instrument of society for meeting public health responsibilities. The director, by virtue of his position and leadership qualities, occupies a key position. His role in promoting the public health and in assuring health services to the people has rapidly expanded in scope and complexity. Accordingly, opportunities for challenging and constructive service in the field of public health have increased rapidly. Thus, the need for personnel with special education and training has increased.

Recent achievement in the maintenance of optimum community health, both physical and mental, in counties organized to provide full-time health services has been encouraging during

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This report, like all other statements of the committee on professional and technical qualifications in public health, is subject to periodic revision in order that it may be kept abreast of the best thought.

This proposed report is a revision of the Report on the Educational Qualifications of Health Officers approved by the Governing Council on November 13, 1946.

recent years. The method used has been to make available to as many persons as possible needed health facilities and services. This has required careful study, evaluation, planning, and promotional effort by the director of the health department. As chief of the diagnostic public health team concerned with community health status, he keeps currently informed regarding the specific health and disease pattern of his community and its relationship to various influencing factors peculiar to each community, such as population characteristics, economic and political conditions, employment and social customs. He is also currently informed of all available health facilities and services in the community as provided by official agencies, voluntary agencies, hospitals, nursing homes, and medical, dental and nursing groups, as well as others. The objectives of these organizations, also their activities, effectiveness, and use by the public are considered. Through study, evaluation, and analysis of available factual information, the director of the health department determines the unmet health needs of the community. He develops practical plans to satisfy these needs through better utilization of existing facilities and promotion of such additional services as may be required. In successfully carrying out his plans the director utilizes such personal qualities as understanding, reasonableness, patience, leadership, and the ability to integrate services provided by the health department with those of other health agencies.

The over-all responsibilities of the health director may vary in different public health agencies in accordance with local custom or legal authority. In general, however, he is the administrative head of the health department and directly responsible for all the activities of the agency. He is assisted by and directs his staff in these activities.

The organization and administration

of special programs of medical care has met with increasing acceptance as a responsibility of official health agencies. Health departments are not infrequently responsible for the treatment of certain acute communicable diseases, tuberculosis, and venereal diseases. In other instances, they are also responsible for the treatment of persons with psychiatric disorders, physical handicaps, dental defects, and malignant tumors, and less frequently, for certain programs involving services to alcoholics and to persons with heart disease. There is an increasing tendency to place in health departments responsibility for professional direction and supervision of general programs of medical care for needy persons on the basis of cooperative arrangements with welfare departments and to use health department directors as consultants to other public or voluntary agencies which provide medical care and rehabilitation services. Furthermore, as a result of governmental participation in local hospital construction and administration, the health department director has been called upon to assume new responsibilities. These have been increased also by participation in planning for medical disaster relief and by problems associated with atmospheric pollution and radiological health hazards.

The health director's responsibilities in the broad field of medical care, as well as in specific activities, are likely to increase in the future rather than decrease. Present trends substantiate this view.

#### B. Future Outlook

It is recognized that there should be coverage of every population and area unit of our nation with competent, full-time local health services. Both the American Public Health Association and the American Medical Association have declared in official pronouncements their agreement with this prin-

ciple. Continuing progress in the accomplishment of this objective may be expected. As of July, 1953, 2,189 counties in the United States were organized to receive full-time health services as single county units (686) or as a part of a local health district (756 counties served) or a state health district (747 served). Services provided under the state health district type of unit are generally conceded to be less satisfactory than those of the local unit. Despite the progress made in bringing full-time health services to the public through new health departments, the number of counties in the United States with no provision for county-wide full-time coverage continues to be substantial. Moreover, as of July, 1953, the position of health director in over one-third of the counties organized for full-time health services was vacant or temporarily filled by the director of a neighboring health department. Of the public health administrators directing full-time health services for all types of health units (city, county, and district), about four-fifths were doctors of medicine, of whom 37 per cent also had postgraduate degrees in public health.

Most full-time local health directors are employed by cities, counties, and combinations thereof. In some states health directors employed wholly or in part by state departments of health are assigned to local areas to render direct service. Many individuals qualified as health directors are employed directly by federal and state agencies and by voluntary organizations. The establishment of new subdivisions within certain state and large county and city health departments to develop and supervise programs or provide services in accident prevention, cancer control, general nutrition, mental health, diabetes control, heart disease, and control of radiological hazards gives reason to believe that the future will show expansion

into new fields as well as intensification of many existing activities.

As previously indicated, the need of existing official health agencies for qualified health directors is greater than the available supply despite a substantial increase in salaries and the wider utilization of fellowship grants for postgraduate training in public health available to physicians. The establishment of additional full-time local health departments and the expansion of services now being provided by health departments point to the many opportunities for physicians to apply their skills to community health problems. To many physicians there is greater personal satisfaction in this specialized medical practice than in the private practice of medicine. The practice of public health as a medical specialty was recognized in 1948 through establishment of the American Board of Preventive Medicine and its approval in 1949 as a Medical Specialty Board by the Council on Medical Education and Hospitals of the American Medical Association. As of July, 1954, approximately 1,120 physicians had been certified by the board.

Opportunities for public health trained personnel exist in related agencies. These include medical care programs conducted by welfare departments, by labor unions or agencies created pursuant to labor-management contracts, and by the various prepayment medical, surgical, and hospital insurance plans. In addition, the World Health Organization activities and the international health programs of our federal government are in need of qualified personnel. The Armed Forces need officers qualified in the field of public health practice for liaison with civilian health agencies and for preventive medical services as a function of military government. Many hospitals want persons with a public health background as administrators and sev-

eral university training programs are trying to meet this need. Also, the voluntary health organizations are seeking qualified public health personnel. Educational institutions are finding that the public health trained person has administrative skills and an orientation which makes him a useful administrative officer, particularly for student health services.

## II. Functions of Health Directors and Career Opportunities

### A. Functions

The health director has an over-all responsibility to the public in matters affecting community health. He is concerned with community diagnosis and with the development of programs for the maintenance of health, the control of disease, and the evaluation of these programs. Many functions are defined by statute. These include the power to enforce sanitary laws and regulations, the responsibility for the preparation of budgets and for the proper expenditure of funds. Other important functions are the interpretation of public health activities to governing bodies; coordination of health department activities with those of official and voluntary agencies, private physicians, dentists, and allied professions, and community hospitals; and the assumption of leadership in the community in all matters pertaining to health.

Leadership is a particularly great responsibility and opportunity. It denotes an ability to evaluate health problems and services, to identify unmet needs, and to stimulate the entire community in planning desirable developments in its health services. This calls for statesmanship and administrative competence of the highest order.

Besides performing administrative duties and exercising leadership, the health director takes part in specific ac-

tivities for disease prevention and control, using technical procedures that call for a high degree of medical and sanitary knowledge. In small organizations he may perform all or numerous professional, clinical and other technical functions. In larger organizations the health director may not personally render direct service, but always he guides, stimulates, coordinates, and evaluates the work of his subordinates. To do this he must exercise technical skill and professional judgment.

In general, the health director must have special training in order to assume effective responsibility for the proper development of the official agency's activities. His position is such that he has broad opportunity for special studies and research in public health.

Services to be provided by local health departments have been described in detail and published as an official statement of the American Public Health Association.\* Based primarily on this statement, they may be summarized briefly as follows:

1. Recording and Analysis of Health Data—Such data include essential facts about births, deaths, reportable diseases, and other disability; characteristics of the population; and the availability, adequacy, and use of health personnel and facilities.

2. Health Education and Information—The public must be informed and educated to make the community health program, including the work of private practitioners, effective. Many educational channels must be used and the people must develop a real sense of personal responsibility and participation. In cooperating with professional societies, the health department can also carry on useful educational programs for local members of the health professions.

3. Supervision and Regulation—Necessary measures must be taken to promote a healthful environment. Involved are the assurance of safe food, milk, and water supplies; the control of pollution (air, water, and waste disposal), housing, nuisances, and radiological

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\* The Local Health Department—Services and Responsibilities. A.J.P.H. 41:302-311 (Mar.), 1951.

health hazards; the prevention of accidents, and occupational diseases; and the regulation of hospitals, nursing homes, and other health facilities. Issuance of regulations, inspection, and licensure are all needed.

4. Provision of Direct Environmental Health Services—In some areas the health department undertakes insect and rodent control, construction of privies, etc., as a direct service.

5. Administration of Personal Health Services—Some needed services are provided directly to individuals, families, and other groups. Personal cooperation based on sound health education is most essential here. Such services include:

a. Communicable disease control, including tuberculosis and venereal disease; also malaria, hookworm disease, etc., where necessary.

b. Maternal and child health, including supervision of health of the school child, care, and rehabilitation for various types of crippling conditions in children, and dental care.

c. Long-term illness control. The early discovery and amelioration of such conditions as heart disease, cancer, diabetes, and mental disorders through education, group case-finding procedures, rehabilitation, and other care facilities.

d. Public medical care for population groups for which community responsibility is accepted.

e. Mental health.

f. Advisory health maintenance services for adults.

g. Diagnostic aids to physicians.

h. Disaster relief planning.

6. Operation of Health Facilities—One or more health centers, or facilities providing equivalent services, and in some cases hospitals, may be operated. The principles of business management are involved, including budgeting, audit, and control of funds and personnel management and training.

7. Coordination of Activities and Resources—The local health department has the general responsibility of providing effective leadership in meeting all types of community health needs. A primary task should be to encourage the fullest possible coordination of work of the various official and voluntary health agencies so as to avoid unnecessary duplication and overlapping both in types of activity and geographical coverage, and to assure efficient and economical administration of both public and private funds for health.

8. Research—The study of morbidity and mortality, evaluation of control measures, application of new methods of control, and the

testing of new drugs, technics, and administrative procedures provide stimulation and opportunity for advancing public health knowledge.

## B. Career Opportunities

The expanding scope of public health assures increasing opportunities for professional satisfaction to physicians interested in community health. Moreover, greater use is being made by public health departments of qualified nonmedical administrators\* who are responsible in general for activities not requiring medical-public health knowledge or judgment, or physician prestige. Such individuals are invaluable and have proved their worth by relieving the medical health director of many administrative details.

Assistance is available to physicians for training in public health. Fellowship grants for both graduate instruction in a school of public health and field experience may be obtained—usually through a state department of health.† As in the other medical specialties, adequate preparation is necessary before assuming independent responsibility.

Following such introductory training, the career public health physician may obtain practical experience by service as full-time assistant to the director of a large local health department or state health district. He may work under supervision as health director of a smaller health unit with a limited staff. He may join the staff of a state or very large local health department to assist a

\* Educational and Experience Qualifications of Administrative Personnel (nonmedical) in Public Health Agencies. Reprints of the report as approved by the Governing Council of the American Public Health Association are available from the Association.

† A list of approved residency field training areas, including stipend, is published annually in the "Internship and Residency" number of the Journal of the American Medical Association.

program director, at a level usually below the status of the assistant program director, if he has no additional specialized training.

From such beginning positions, advancement depends on personal desires, demonstrated proficiency, and ability to assume greater responsibilities. In addition to service in progressively more responsible and remunerative local, state, or federal generalized public health administrative positions, these agencies offer service to administrators of specialized health services,\* such as communicable disease control, tuberculosis control, cancer control, maternal and child health, industrial hygiene, and mental hygiene.

In the federal services and in the majority of states and local jurisdictions, health department appointments are based on merit, utilizing the competitive civil service examination as a screening procedure. Benefits under such merit systems include annual vacation leave, sick leave with pay, pension rights, and protection from arbitrary dismissal.

### III. Educational and Training Background of Directors of Public Health Departments

It is considered desirable that directors of public health departments be competent in the disciplines of both the natural and social sciences, the humanities and medicine, as well as public health before assuming full responsibility and direction of the broad and complex functions of a health department. Accordingly, the requirements set forth in A and B which follow are essential.

#### A. Premedical and Medical

The preliminary educational background for the position of director of the health department should be as follows:

1. Broad fundamental training in both the sciences and the humanities.
2. Graduation with a degree of doctor of medicine from a medical school of recognized standing.
3. Internship of at least one year in an approved hospital.
4. Eligibility for medical licensure in the state where service is to be rendered.

#### B. Public Health Education and Field Experience

Graduate education and field training in public health for the position of director of a health department should include the following, preferably in the order suggested.

1. Preliminary orientation and experience of at least six months of field experience in general public health practice which included supervised planned instruction, observation, and active participation in a comprehensive, organized, over-all public health program as carried out by the public health department and by other official and voluntary health agencies.

2. Completion of a program of study leading to a degree in public health of not less than one academic year in a university approved by the American Public Health Association.† The program of study should cover: general principles of administration and the application of such principles to both public administration and public health administration; biostatistics; environmental sanitation; epidemiology; health education; public health nursing; physiological hygiene; the socioeconomic aspects of health and disease; organization of medical care programs under public and voluntary auspices; and the social or behavioral sciences as affecting public health practice.

3. At least 18 months of closely supervised

\* Educational Qualifications of Medical Administrators of Specialized Health Activities. Reprints of the report as approved by the Governing Council of the American Public Health Association may be obtained from the Association.

† A list of the institutions accredited by the American Public Health Association for the degrees of doctor of public health and master of public health (diploma of public health in Canada) is published annually in the American Journal of Public Health. Reprints of this and of the criteria for accreditation are available.

practical experience in general public health practice is highly desirable before the graduate in public health assumes independent and full direction of a health department.

For certification consideration in public health by the American Board of Preventive Medicine the residency requirement stipulates at least two years of field experience in general public health practice, inclusive of the preliminary orientation and experience mentioned in 1 above and of similar type.

#### C. Continuing Education and Training

Requirements in A and B above are basic for meeting the responsibilities of independent direction of a health department. However, it is recognized that continuing education is essential. This may be obtained through participation in formal courses, by reading, by conference attendance, by informal contacts, and through any other means that may be available in order to keep abreast of new developments. As the health director is given or assumes new responsibilities, such as administration of medical care programs, housing, hospital administration, atmospheric pollution control, medical aspects of disaster relief, and radiological hazard control, he must acquire new knowledge and skills.

Public health and related fields are concerned with the application of scientific knowledge through social organization in order to meet the needs of society. For this to be done with maximum success requires an adequate knowledge of social organization, the cultural, and psychological factors influencing human behavior, and the historical trends most pertinent to public health and medical care as a social institution. This represents a relatively new and rapidly growing body of knowledge which is finding its way increasingly into the curriculum of schools of pub-

lic health and medicine. Those who have had little opportunity to obtain a background in these areas would do well to acquire such knowledge.

Full-time practical experience is an important part of the education of the director of a health department. It is so important that some physicians with many years of full-time experience in general public health practice have achieved outstanding success despite the lack of formal graduate training in public health. They should be considered as qualified for the position of director of a health department. It should be emphasized, however, that an exception to the requirements of a graduate course and supervised field training should be made only if the candidate, in addition to many years of experience, has actually demonstrated unusual ability as a public health administrator.

Professional recognition may now be obtained by public health physicians who qualify for certification by the American Board of Preventive Medicine as possessing special knowledge in the field of public health. Although it is not required that the director of a health department be a diplomate, certification by this specialty board is highly desirable as evidence of his special qualifications in the field of preventive medicine and public health. In some states board certification is required for key positions with a high degree of responsibility.

#### IV. Personal Qualities

The director of a health department should possess the qualities of personality and character necessary to insure the successful prosecution of his scientific and administrative duties. These include such qualities as personal integrity; the ability to establish and maintain favorable relations with the public, professional organizations, and

his own personnel; creative ability; at all times, subordinating his own sound judgment and good sense; and the desires to the best interests of the community will to serve honestly and industriously

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## Anniversary of Water Fluoridation

Grand Rapids, Mich., recently celebrated the 10th anniversary of continuous fluoridation of its municipal water supply. Since 1945, when Grand Rapids is said to have become the first city in the world to fluoridate its water supply, more than 20 million people of 1,041 communities in the United States have become consumers of fluoridated water.